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STATE OF MISSOURI }
CITY OF JEFFERSON }⁵³ I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as State Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of

Garland H. Land

Garland H. Land
State Registrar of Vital Statistics

JUN 16 1987

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS		STANDARD CERTIFICATE OF LIVE BIRTH		State File No. <u>21317</u>
		STATE OF MISSOURI		Registrar's No. <u>4692</u>
		Registration District No. <u>12</u>	Primary Registration District No. <u>1003</u>	
1. PLACE OF BIRTH:		2. USUAL RESIDENCE OF MOTHER:		
(a) County <u>St. Louis Mo.</u>	(a) State <u>Mo.</u>			
(b) City or town <u>St. Louis Mo.</u> <small>(If outside city or town limits write name of township)</small>	(b) County <u>St. Louis</u>			
(c) Name of hospital or institution: <u>St. John's Hospital</u> <small>(If not in hospital or institution give street number or location)</small>	(c) City or town <u>St. Louis</u> <small>(If outside city or town limits write name of township)</small>			
(d) Mother's stay before delivery: In hospital or institution <u>12 day</u> In this community <u> </u> <small>(Specify whether years, months, or days)</small>	(d) Street No. <u>5092 Union Blvd.</u> <small>(If rural give location)</small>			
3. Full name of child <u>Robert Edward Richie</u>		4. Date of birth <u>4-30-39</u> <small>(Month) (Day) (Year)</small>		
5. Sex: <u>male</u>	6. Twin or triplet <u> </u>	7. Number months of pregnancy <u>9 1</u>	8. Is mother married? <u>yes</u>	
FATHER OF CHILD		MOTHER OF CHILD		
9. Full name <u>Robt. Edward Richie</u>	15. Full maiden name <u>Edith Moxey</u>			
10. Color or race <u>white</u>	16. Color or race <u>white</u>			
11. Age at time of this birth <u>20</u> yrs.	17. Age at time of this birth <u>18</u> yrs.			
12. Birthplace <u>St. Louis Mo.</u> <small>(City, town, or county) (State or foreign country)</small>	18. Birthplace <u>Jerseyville Ill.</u> <small>(City, town, or county) (State or foreign country)</small>			
13. Usual occupation <u>Clerk</u>	19. Usual occupation <u>Housewife</u>			
14. Industry or business <u>Federal Reserve Bank</u>	20. Industry or business <u>Own home</u>			
21. Children born to this mother:		22. Mother's mailing address for registration notice: <u>Mrs. R. E. Richie</u> <u>5092 Union Blvd.</u> <u>St. Louis Mo.</u>		
(a) How many <u>other</u> children of this mother are now living? <u>0</u>				
(b) How many <u>other</u> children were born alive but are now dead? <u>0</u>				
(c) How many children were born dead? <u>0</u>				
23. I hereby certify that I attended the birth of this child who was born alive at the hour of <u>10:47</u> a.m. on the date above stated and that the information given was furnished by <u>Edith Moxey</u> related to this child as <u>mother</u>				
24. Date received by local registrar <u>MAY 15 1939</u>	Attendant's own signature <u>B. H. Linsdeman M.D.</u>			
25. Registrar's own signature <u>J. F. Budick</u>	M. D., <u> </u> Date signed <u>4-30-39</u>			
26. Date on which given name added <u> </u> by <u> </u> Registrar	Address <u>Union Club Bldg</u>			